

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: Pharmacists
Managed Care Organizations

Memorandum No: 06-78
Issued: September 22, 2006

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

For information, contact:
<http://maa.dshs.wa.gov/pharmacy/>

Subject: Prescription Drug Program: Maximum Allowable Cost Update

Effective for dates of service on and after November 1, 2006, the Health and Recovery Services Administration (HRSA) will implement the following changes to the Prescription Drug Program:

1. New additions to the Maximum Allowable Cost (MAC) list; and
2. Adjustments to existing MACs; and
3. Deletions from the MAC list.

1. MAC Additions:

Generic Name	Strength	Form	MAC Effective 11/01/06
AZITHROMYCIN	100MG/5ML	SUSP RECON	\$1.58190
BROMOCRIPTINE MESYLATE	2.5MG	TABLET	\$1.41400
DICLOFENAC SODIUM	100MG	TAB SR 24H	\$0.63910
DOXAZOSIN MESYLATE	1MG	TABLET	\$0.05510
DOXAZOSIN MESYLATE	2MG	TABLET	\$0.05340
DOXAZOSIN MESYLATE	8MG	TABLET	\$0.07530
MEGESTROL ACETATE	20MG	TABLET	\$0.18440
MEGESTROL ACETATE	400MG/10ML	ORAL SUSP	\$0.16120
NEOMY SULF/POLYMYX B SULF/HC	3.5-10K-1	DROPS SUSP	\$1.19500
SERTRALINE HCL	25MG	TABLET	\$1.97230
SERTRALINE HCL	50MG	TABLET	\$2.02360
SERTRALINE HCL	100MG	TABLET	\$1.98600

2. MAC Adjustments:

Generic Name	Strength	Form	MAC Effective 11/01/06
AMANTADINE HCL	100MG	CAPSULE	\$0.23850
HYDROCODONE BIT/ ACETAMINOPHEN	5MG/500MG	TABLET	\$0.04530
HYDROXYZINE PAMOATE	100MG	CAPSULE	\$0.26530
MEGESTROL ACETATE	40MG	TABLET	\$0.21700
MOMETASONE FUROATE (45GM SIZE)	0.1%	CREAM	\$0.45440
NABUMETONE	500MG	TABLET	\$0.45610
NABUMETONE	750MG	TABLET	\$0.42870
NAPROXEN	500MG	TABLET	\$0.05740
NITROFURANTOIN/ NITROFURANTOIN MAC	100MG	CAPSULE	\$0.50830
P-EPHED SUL/LORATADINE (NDC #37205-0348-94 ONLY)	240-10MG	TAB SR 24H	\$0.54000
PROPOXYPHENE HCL	65MG	CAPSULE	\$0.17290
SULFAMETHOXAZOLE/ TRIMETHOPRIM	800-160MG	TABLET	\$0.25600
SUCRALFATE	1G	TABLET	\$0.28140
ZONISAMIDE	50MG	CAPSULE	\$0.66900

3. MAC Deletions:

Generic Name	Strength	Form	MAC Effective 11/01/06
INSULIN REGULAR HUMAN REC	100U/ML	VIAL	\$0.00000
P-EPHED SUL/LORATADINE (NDC #49348-0543-01 ONLY)	240-10MG	TAB SR 24H	\$0.00000

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